Foster Family Home - Corrective Action Report

Provider ID:

4-160058

Home Name:

Asolelei Laloulu, CNA

Review ID:

4-160058-1

354 Ohaa St.

Reviewer:

Kahului

HI 96732

Begin Date:

8/12/2016

End Date: 9/13/16

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6 (d)(1) The NEW Home visit made on 8/12/2016 for a 2-bed certification. Corrective action report issued during the NEW Home visit with corrective action plan due to CTA on 8/26/2016.

6 (d)(1) see applicable sections of this review.

Foster Family Home

Background Checks

[17-1454-7.1]

7.1.(a)(1)

Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2)

Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1) HHM#1 Fingerprinting not present in the home.

7.1.(a)(2) HHM#1 Adult Protective Services, Child, Abuse, and Neglect checks not present in the home.

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(b)(8)

Have documentation of current training in blood bome pathogen and infection control, cardiopulmonary

resuscitation, and basic first aid.

41.(f)

The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with

evidence that they have current:

Comment:

41.(b)(8) CG#2 CPR, first aid, and blood born pathogen training not present in the home.

41.(f) HHM#1 TB clearance not present in the home.

Compliance Manage

Primary Care Giver

Date

Date

Written Plan of Correction

Date: 9/9/14

7.1(a)(1) and 7.1(a) (2)

HHM#1) completed, finger printing,
Adult, Protective Bervies Child Abuse,
and Neglect Checks Services on 9/4/16,

41.(b)(8) CG#2 CPR, first aid, and blood
born pathogen completed training on

8/20/2014, To crearance done on 9/6/16.

The Plan to resolve the above missing requierments is writing it down in the Calander 3 WKS aheal, to remind the home of the requierments above and all other requierments.

Date: 9/9/14

Carlie Loss

354 Oha'a St.

Kahulin Hi 96732.